

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS    | ID NO.      | DATE            |
|---------------------------|-------------|-------------|-----------------|
| FEE DETERMINATION         |             |             |                 |
| O.I.P.E. CLASSIFIER       | <i>DM</i>   | <i>3</i>    | <i>6/18</i>     |
| FORMALITY REVIEW          | <i>M.H.</i> | <i>1102</i> | <i>08/06/00</i> |
| RESPONSE FORMALITY REVIEW | <i>SLC</i>  | <i>809</i>  | <i>10-17-01</i> |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*814*  
*5-2-73*  
*10/15/01*